AUDITION FORM
(Please print clearly)

NAME ________________________________________________________________

MAILING ADDRESS ___________________________________________________

CITY ___________________________ STATE __________ ZIP __________

PHONE ___________ EMAIL ____________________________________________

MALE _____ FEMALE _____ AGE _______ HEIGHT _______ WEIGHT _______

Title of Show _________________________________________________________

Consider me for the part(s) of ____________________________________________________________________________________

If you are not cast in a principal role, will you accept a part in the chorus? YES _____ NO _____

VOICE PART for Musicals:

BASS _____ BARITONE _____ TENOR _____

ALTO _____ MEZZO _____ SOPRANO _____

CHECK HERE if you would like to receive AUDITION notices by email ________

BRIEFLY LIST THEATRE EXPERIENCE:

REHEARSAL CONFLICTS/DIRECTOR’S NOTES
In case of emergency, please notify:

NAME ________________________________________________________________________

Relationship to you:_______________ Enter best way to contact day or night:

Phone #________________________ Email address_______________________________________

RISK AND RELEASE

In consideration of being permitted to participate in Theatre at the Mount productions, in full recognition and appreciation of the dangers and hazards inherent in such activities, I do hereby agree to assume all risks and responsibilities surrounding my participation in TAM productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Mount Wachusett Community College and all of its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of my participation. I give Mount Wachusett Community College and Theatre at the Mount the right to utilize any photographs and videos taken of me for publicity purposes.

Signature____________________________________________ Date__________________

Signature of parent or guardian for participant under age 18:

________________________________________________________________________________

Witness____________________________________________ Date__________________